

YOUNG ADULT GUARDIANSHIP ASSISTANCE EXTENSION AGREEMENT

Michigan Department of Human Services
Young Adult Program

Log # _____

This Agreement is by and between the Michigan Department of Human Services, having a mailing address of P.O. Box 30037, Lansing, Michigan 48909 (hereinafter referred to as the "Department") and _____, a guardian or guardians having a mailing address of _____,

(hereinafter referred to as the "Guardian") for the issuance and receipt of guardian support subsidy payments which are based on the needs of the youth, _____ DOB: _____ (hereinafter referred to as the "Youth"), and paid to provide and obtain services necessary to achieve or protect the youth's guardianship placement. This Agreement shall be effective _____, and shall expire on the day immediately preceding the youth's 21st birthday or until determined ineligible based on Section IC, whichever occurs sooner.

DEFINITIONS

- **"Certification"** is a determination made by the Department that a youth is eligible for a young adult guardianship assistance extension.
- **"Guardianship assistance"** is a payment for support of a youth who has been placed in a guardianship.

I. GENERAL PROVISIONS

- A. **AMENDMENT** – The Guardian shall, upon request of the Department and receipt of a proposed amendment, amend this Agreement if the Department determines that the change is required by a change in state or federal law. The Guardian shall sign and return the proposed amendment within 90 calendar days of receipt or the Department may terminate this Agreement.
- B. **DEPARTMENT SOURCE OF FUNDS** – Should the legislature fail to appropriate sufficient funding for the continuation of the Guardianship Assistance Program, the Department may immediately terminate this Agreement upon effective legislative action.
- C. **GUARDIANSHIP SUBSIDY ELIGIBILITY** – Guardianship assistance eligibility shall exist until one of the following conditions occurs:
1. The youth becomes 21 years of age.
 2. The youth has not yet reached his/her 21st birthday, but:
 - Marries.
 - Enters the military service.
 - Is incarcerated for more than 30 calendar days.
 3. The youth has not participated in the following required education, training or employment activities for 30 calendar days, and has not been determined medically unable to participate in the education/training/employment activities.
 - Participating in a program or activity to promote employment or remove barriers to employment, such as Job Corps or other employment skill-building classes.
 - Employed at least 80 hours per month. (Full time or part time, at one or more places of employment.)
 - Enrolled in high school or a program leading to a general equivalency diploma (GED) exam.
 - Enrolled in a college, university, vocational or trade school.

Note: A youth who is on a semester, summer or other break, but is otherwise enrolled in school, is considered enrolled in school for the purpose of this extension.
 4. The youth previously determined incapable of meeting requirements is now capable but does not meet educational, vocational or employment requirements.
 5. The youth dies.
 6. The guardianship is terminated.
 7. The guardian(s) dies.
 8. The youth receives Federal Supplemental Security Income (SSI) payments.
 9. The Department has determined that the guardian is no longer providing any support to the youth.
 10. The Guardian has requested that the payment permanently stop.
 11. The Guardian does not complete the DHS-881-YA, Quarterly Young Adult Extension Review.

The Guardian shall be notified of changes in guardianship assistance subsidy due to one or more of the above conditions by a negative action letter from the Department.

- D. **PAYMENT ADJUSTMENTS** – The amount of the guardianship subsidy the Family receives will be adjusted periodically based on:

- a. Reductions or increases in the foster care maintenance rates.
- b. Renegotiation of the Agreement between the Guardian and the Department.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

AUTHORITY: MCLA 400.115f – m
COMPLETION: Mandatory.
PENALTY: The case will be closed or case cannot be opened.

- E. **APPEALS** – The Guardian may appeal decisions regarding the Guardianship Subsidy program, through the Michigan Administrative Hearing System. The Guardian must submit hearing requests in writing within 90 calendar days of being notified or informed of a decision concerning guardian subsidy. Hearing requests should be sent to the DHS Office, Attention: Hearings Coordinator, 235 S. Grand Ave., Suite 412, P.O. Box 30037, Lansing, MI 48909.

II. FAMILY RESPONSIBILITIES

A. GENERAL – The Guardian shall:

1. Return to the Department any payments which are incorrectly paid to the Guardian.
2. Report in writing the following changes to the DHS Subsidy office within **two weeks** after they occur for as long as guardianship subsidy is continued:
 - a. Changes in the Guardian and youth's address.
 - b. Termination of the guardianship.
 - c. Date of the youth's marriage.
 - d. Date of the youth's death.
 - e. Date of the youth's entry into military service.
 - f. Date the youth ended employment, education or training activities as described in I.C.3.
 - g. Date the youth is no longer medically unable to participate in employment, education or training activities as described in I.C.3.
 - h. Date youth is incarcerated.
 - i. Date youth receives Federal Social Security Income (SSI) payment.
3. Complete and return the DHS-881-YA, Quarterly Young Adult Extension Review form, the Annual Report form, and other documents that the Department may determine necessary for the Guardianship Subsidy Program to qualify for federal funds.
4. For six years, keep:
 - a. The check stubs for guardianship subsidy payment.
 - b. Copies of the annual report forms returned to the Department.

III. DEPARTMENT RESPONSIBILITIES

A. GENERAL – The Department shall provide a review form to be completed by the Guardian.

B. PAYMENT

1. **Guardianship Subsidy Amount** – The Department has determined the maximum guardianship support subsidy rate for the youth \$_____ per day, subject to adjustment by the Department due to changes in the Department foster care rate or the age of the youth.
2. The negotiated ongoing support subsidy payment requested by the guardian is \$_____ per day. This rate may be renegotiated up to, or lower than the maximum guardianship support subsidy rate in B.1. above as long as the Agreement is in effect.
3. Guardianship Assistance will continue even if the guardian and/or youth leave the state.

C. FUNDING - The Guardianship Support Subsidy is funded by ☐ title IVE funded ☐ non-title IV-E funded.

D. MEDICAID – All youth regardless of funding are entitled to Medicaid services (Title XIX), and Social Services (Title XX) to the extent social services are available in Michigan, subject to all the usual payment policies and procedures of that program.

I/WE HEREBY REQUEST GUARDIANSHIP SUPPORT SUBSIDY AND AGREE TO COMPLY WITH THE PROVISIONS IN THIS AGREEMENT.

I/WE HEREBY REQUEST COURT JURISDICTION OVER THE GUARDIANSHIP TO CONTINUE.

For DHS only.

Date (Mo., Day, Yr.)	County	State
Guardian's Signature		
Guardian's Signature		
Youth's Signature		
Witness Signature		

Date (Mo., Day, Yr.)	County Ingham	State MI
MDHS Authorized Signature		
Witness Signature		